

**NOTE:** On a separate sheet of paper provide the name of stockholders owning 10% or more of the outstanding shares of stock in the corporation.

11. List parent company, wholly owned subsidiaries, and/or any affiliates\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Give name, title, and address of agent in New Jersey or registered New Jersey agent on whom service may be made. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List all suppliers of petroleum products. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Is applicant registered with the Division of Taxation for any other New Jersey State taxes? ☐ Yes ☐ No

If yes, list the taxes \_\_\_\_\_

15. Type of business activity (check one):

☐ Number 2 heating oil dealer (companies in the business of selling No. 2 heating oil for residential use)

☐ Propane dealer (companies in the business of selling propane for residential use)

☐ Blenders (companies in the business of acquiring petroleum products, blending them, and later selling the blended petroleum product)

☐ Other (please explain) \_\_\_\_\_

16. Describe in detail your business operation and reason why you would qualify for a Direct Payment Permit. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. If a blender, describe types of petroleum products to be blended and the percentage of the final product which is a petroleum product. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18.** The undersigned applicant states, (under penalty of perjury), that all the information contained in this application is true and accurate in every particular.

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Name of Applicant

Signature of Owner, Partner or Officer

Title	Date
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*The information submitted will assist this office in the processing of your permit request.  
The Division of Taxation reserves the right to conduct a thorough investigation prior to issuing this license.*

**FOR DIVISION USE ONLY**

Permit No. \_\_\_\_\_

Investigation initiated \_\_\_\_\_

Effective Date \_\_\_\_\_

Investigation completed \_\_\_\_\_

Approved \_\_\_\_\_

Recommendations: \_\_\_\_\_